SAVE PRINT CLEAR

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Applicant, vs. Defendants.	WCAB#: REHABILIATION UNIT FILE #:. APPEAL FROM DETERMINATION AND ORDER OF THE REHABILIATION UNIT

Applicant,

Date

Proof Of Service By Mail

I declare that:

I am (resident of / employed in) the county of _____ California. I am over the age of eighteen years, my (business / residence) address is:

On _____, I served the attached _____ on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at _____ addressed as follows _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) _____, at _____ California.

Type or print name _____

Signature _____